

## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE				LOCAL FILE NO		
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input checked="" type="checkbox"/> INJURY <input type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED						
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH DAY 09/16/15 WED		TIME MILITARY 1536				
CRASH OCCURRED ON 502 N Water						WITHIN THE INTERSECTION OF								
IF NOT IN INTERSECTION						(LIST NEAREST INTERSECTING STREET MILEPOST HOUSE NO)							CITY CODE	
LOG-1		LOG-2		LOC JUR FH'9 FILT										
A	UNIT NO. 1	NO OF OCCUPANTS 2		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT State Farm								
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Banta, Jennifer M.						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 728 Christian Ln. Lebanon, OH 45036								
PHONE NO		BIRTH DATE 11/17/84		AGE 30	SEX F	SOCIAL SECURITY NO		STATE OH	DRIVER'S LICENSE NO SD589332		OCCUPATION			
OWNER (IF SAME AS DRIVER, WRITE SAME) SAME						ADDRESS						PHONE		
VEH YR	2003	MAKE Chevrolet	MODEL Suburban	COLOR TAN	STYLE SW	STATE OH	LICENSE PLATE NO FYD 4372	TOWING SERVICE		VEH/PED DIR FROM N TO S				
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE				
8	UNIT NO. 2	NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Nationwide								
DRIVER, PEDESTRIAN NAME (LAST, FIRST, MI) Adams, Connie						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 341 Cora Dr. Carlisle, OH 45005								
PHONE NO		BIRTH DATE 10/20/51		AGE 63	SEX F	SOCIAL SECURITY NO		STATE OH	DRIVER'S LICENSE NO RP747003		OCCUPATION			
OWNER (IF SAME AS DRIVER, WRITE SAME) Adams, Millard						ADDRESS SAME						PHONE		
VEH YR	2013	MAKE Chevrolet	MODEL Malibu	COLOR Red	STYLE 4S	STATE OH	LICENSE PLATE NO GAH 6750	TOWING SERVICE		VEH/PED DIR FROM E TO W				
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input checked="" type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input checked="" type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE				
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTH DATE		AGE	POSITION			INJURIES		
		ADDRESS				PHONE		SEX	A B C D E F			A B C D E F		
ID	FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTH DATE		AGE	A B C D E F			1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED		
		ADDRESS				PHONE		SEX	A B C D E F			CONDITION		
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTH DATE		AGE	A B C D E F			1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN		
		ADDRESS				PHONE		SEX	A B C D E F			RESTRAINTS		
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTH DATE		AGE	A B C D E F			ALCOHOL		
		ADDRESS				PHONE		SEX	A B C D E F			A B C D E F		
A	B	C	INJURED TAKEN TO				By		A B C D E F			1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		
D	E	F	INJURED TAKEN TO				By		A B C D E F			1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN		
A		ORC CITY ORD.		OFFENSE CHARGED AND DESCRIPTION				EJECTION		DRUGS				
O		ORC CITY ORD.		OFFENSE CHARGED AND DESCRIPTION				A B C D E F			A B C D E F			
RECEIVED CALL 1536		DISPATCHED 1538		ARRIVED 1539		CLEARED 1600		OTHER TIME 20		TOTAL MINUTES 41		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		
DATE REPORT FILED 09/16/15		PHOTOS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		OFFICER'S NAME Ptl. Brock		BADGE NO. 126		CHECKED BY		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLEGAL DRUG				

State Ptl-012 2/13/03

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